

## **CHAPTER VII: INTEGRATIVE MEDICINE**

### **Current Practice of Medicine in the United States**

But if you look at what is the actual outcome as to how health care is delivered today, with all of its potential stress, I would argue that it is disease-oriented. The focus is on disease, not on health and wellness. It has become very specialty-based. As scientists uncover more and more mechanisms, there is a greater tendency towards specialization and sub-specialization.

We tend to still believe, and teach our medical students, that for every disease, there is a basis, and we need to find it and fix it. We tend to be reactive, as a practice. People come to see their physicians when they're sick, and when they're not sick, they go about their own way, and even if they are sick, when they're not face to face with their doctor, they're frequently doing their own thing that may have nothing to do with a therapeutic plan. As I said, intervention is sporadic and is heavily physician directed.

So what has this led to in the United States? The best of the worlds and the worst of the worlds, as Dickens has said. We have some of the greatest abilities to take care of and reverse acute episodes of chronic disease. We can cure many things. We have the greatest science and technology operation in the world.

But if you look at the health care system, it is in tremendous danger of collapse, and collapse not only of itself, but very harmful of the United States economy. And if anybody follows what is going on in industry, you can't help but know that General Motors is in tremendous trouble today, and primarily because of its health care costs. Rick Wagner, who happens to be a good friend of mine, CEO of General Motors, says he feels that he's running the world's largest HMO, that also, by the way, makes some cars.

If you look at health care, now this is well over \$1.7 trillion, about two-thirds to three-quarters are chronic disease. So that's the nature of health care today. And if you look at

the individuals, and just think of yourself, many of us have the ability through friends and colleagues to navigate throughout the health care system. But mostly, even if we had the ability to navigate throughout the health care system, it's still a very confusing array of things.

Where does an individual go if they need care, primary care, urgent care, emergency room, or complementary alternative medicine? What we know is what people are doing is going very actively to complementary and alternative medicine, whether physicians like it or not. People are looking for ways to enhance wellness or to mitigate against disease, and they don't feel that they're getting everything that they need from the health care system.

And I think that if we buy into the fact that we exist...Whether we're the most molecular of molecular biologists, or involved in health care delivery, ultimately we are here to serve the public good. And I don't think we're doing anything near what we can do, if we focus our thoughts a little bit differently.

Now, what I would say is, what I think is a tremendous benefit has been the increased expenditures for biomedical research. So despite talking about integrative medicine, I think part of the solution will be through research and development. And the NIH budget -- and this is not all NCCAM, I assume --

They tried. They have a piece of this, but not all of it by any means, and certainly not enough.

But what has come from this scientific revolution? Well, we hear an awful lot now about genomics, and genomics and health. And all of us know that genomics have given us an abundant array of therapeutic proteins, more therapeutic targets, pharmacogenetics, gene therapy waiting in the wings. But what I would argue is going to be very important, is a better understanding of susceptibility, inherent susceptibility, boundary conditions for susceptibility.